

Case Number:	CM15-0096398		
Date Assigned:	05/26/2015	Date of Injury:	01/01/1997
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old female who sustained an industrial injury on 01/01/1997. Current diagnoses include lumbar disc herniation and facet syndrome. Previous treatments included medication management, and back surgery. Report dated 04/13/2015 noted that the injured worker presented with complaints that included back pain and stiffness. Pain level was 2 out of 10 on a visual analog scale (VAS). It was noted that the back pain is located in the lumbar area, lower back, right leg, left leg, and mid back. It was documented that medications improve pain by 60%. Physical examination was positive for tenderness across the lumbar spine with radiation into the paraspinous area of the lumbar and lower thoracic spine, positive straight leg raises, moderate amount of secondary myofascial pain with joint tenderness and triggering, increased range of motion positive for posterior element pain, lumbosacral pain over the L2-S1 facet capsules and spinous processes bilaterally, and pain with extension. The treatment plan included request for medications and urine drug screen, and follow up in 1 month. Disputed treatments include Norco, Cymbalta, and Compound Cream Diclofenac 1.5%/Gabapentin 3%/Lidocaine 1.5%/Prilocaine 1.5%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: According to the MTUS guidelines, the long term use of opioids is not supported due to the development of habituation and tolerance. Per ODG, the long term use of opioids is associated adverse effects which include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia, osteoporosis and depression. The injured worker is followed for chronic pain status post lumbar fusion. However, while it is noted that the injured worker is being prescribed Cymbalta, the medical records do not establish attempts at additional analgesic adjuvants such as anti-epileptic medications. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Norco 10/325mg quantity 150 is not medically necessary or appropriate.

Cymbalta 60mg quantity 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

Decision rationale: According to the MTUS guideline's with regards to antidepressants for chronic pain, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. In this case, the injured worker is status post lumbar fusion and is followed for chronic pain. Cymbalta is supported as a first line adjuvant in the treatment of chronic pain. No adverse side effects are noted with the use of this medication. This medication is being prescribed 60 mg daily which is supported. The request for Cymbalta 60mg quantity 1 is medically necessary and appropriate.

Compound Cream Diclofenac 1.5%/Gabapentin 3%/ Lidocaine 1.5%/Prilocaine 1.5% quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that gabapentin is not supported in a topical application. In addition, topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Diclofenac is only supported in a 1% formulation of Voltaren gel. The request for Compound Cream Diclofenac 1.5%/Gabapentin 3%/Lidocaine 1.5%/Prilocaine 1.5% quantity 1 is not medically necessary or appropriate.